

**KINGSTON**  
**ENVIRONMENTAL**  
S E R V I C E S

15450 Hangar Road  
Kansas City, MO 64147  
(816) 524-8811  
(800) 249-8811  
FAX (816) 525-5027  
[www.kingstonenv.com](http://www.kingstonenv.com)

*Interim*  
**ASBESTOS REMOVAL**  
**CLOSEOUT DOCUMENTS**

Prepared for:

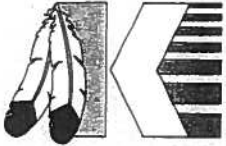
**Kessinger Hunter**  
Mr. Dan Jensen  
2600 Grand Boulevard  
Kansas City, Missouri 64108

Project:

Asbestos Abatement  
Former YMCA  
18<sup>th</sup> and Paseo  
Kansas City, Missouri  
KES #05B301

October 21, 2005





**KINGSTON**  
**ENVIRONMENTAL**  
S E R V I C E S

15450 Hangar Road  
Kansas City, MO 64147  
(816) 524-8811  
(800) 249-8811  
FAX (816) 525-5027  
www.kingstonenv.com

October 21, 2005

Mr. Dan Jensen  
Kessinger Hunter  
2600 Grand Boulevard  
Kansas City, Missouri 64108

RE: Asbestos Abatement  
Former YMCA  
18<sup>th</sup> and Paseo  
Kansas City, Missouri  
KES #05B301

Dear Mr. Jensen,

For your records, please find the attached interim closeout documents for the above referenced project. The final closeout document will be submitted upon completion of the work. Specifically attached are the following items:

- Company License
- Notification
- Permit
- Amendments
- Post Notification
- Clearance Results
- Supervisor License
- Waste Manifest

We appreciate the opportunity to provide you with environmental services and contribute to the success of this project. Please feel free to contact me if you have any questions, comments or need any additional information.

Sincerely,

Tiffany Fakes  
Environmental Support Specialist

*Company License*

---

Expiration Date : 06/30/06

Registration Number : 06-06-0230

**Missouri State Registration for Asbestos Contractors**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Kingston Environmental Services, Inc.**

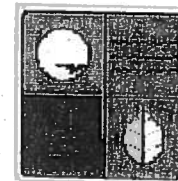
has successfully completed the requirements for registration as an **Asbestos Contractor**.  
This Missouri State registration is subject to review and the director may deny, suspend or  
revoke the registration per RSMo chapter 643.230.

05/12/05

Date

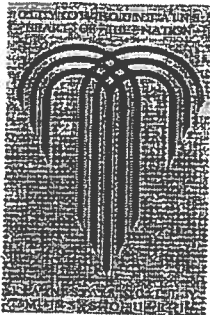
*Shannon J. Applegate*

Director of Air Pollution Control Program



## *Notifications*

---



HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI  
AIR QUALITY PROGRAM  
2400 TROOST, SUITE 3000  
KANSAS CITY, MISSOURI 64108  
Office: (816) 513-6314  
Fax: (816) 513-6290

**ASBESTOS PROJECT NOTIFICATION**  
(Please type information)

**FOR OFFICE USE ONLY**

(This notification must be submitted a minimum of twenty (20) days prior to the start date of the project).

Check all that apply:

- ☐ Emergency Notification. (Submit justification from owner.)  
☒ Greater than or equal to 160 square feet or 260 linear feet of friable asbestos containing material.  
☐ Less than 160 square feet or 260 linear feet of friable asbestos containing material.

NOTE: a non-refundable review fee of \$175 must be submitted for any asbestos abatement project involving 10 or more square feet or 16 or more linear feet of friable asbestos containing material, and for planned renovation projects as defined in U.S. EPA Regulation 40 CFR 61 Subpart M. Missouri Department of Natural Resources Registration and Certification must be current. Make checks payable to: CITY TREASURER

**FOR AIR QUALITY USE ONLY**

DATE RECEIVED	CHECK DATE
CASH RECEIPT DATE	CHECK NUMBER
CASH RECEIPT NUMBER	POST DUE DATE

**PART A AUTHORIZATION**

1. ASBESTOS ABATEMENT CONTRACTOR NAME

Kingston Environmental Services, Inc.

EMAIL ADDRESS

mikem@kingstonenv.com

2. ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

15450 Hangar Road Kansas City

MO

64147

(816) 524-8811

3. MISSOURI REGISTRATION NUMBER

06-06-0230

REGISTRATION EXPIRATION DATE

6/30/06

3a. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATION (40 CFR PART 61 SUBPART m) WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS COMPLETED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.

3b. THE ASBESTOS CONTROL MEASURES PRACTICES ON THIS PROJECT WILL COMPLY WITH CHAPTER 8 SECTION 8-9 AND THE STANDARDS FOR WORKER PROTECTION ESTABLISHED BY OSHA IN 29 CFR 1926.1101 AND 1910.1001.

BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SHALL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE CITY AND FEDERAL REGULATIONS.

3c. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.

SIGNED

DATE

8/4/05

PRINTED NAME AND TITLE

Michael Massey - Director of Abatement and Consulting

**PART B ADDITIONAL INFORMATION**

1. IF AN UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER ORDER OF A STATE OR LOCAL GOVERNMENT AGENCY, GIVE NAME, TITLE, AND AUTHORITY OF INDIVIDUAL WHO ORDERED THE DEMOLITION. INCLUDE COPY OF SIGNED ORDER.

NAME

TITLE

AUTHORITY OF INDIVIDUAL

TELEPHONE NUMBER

2. IF A WAIVER OF ANY PORTION OF CHAPTER 8 SECTION 8-9 IS REQUIRED, INDICATE THE WAIVER DESIRED AND THE JUSTIFICATION FOR SUCH A WAIVER. IDENTIFY ITEM NUMBER. USE SUPPLEMENTAL SHEET TO DESCRIBE PROPOSED ALTERNATIVE WORK PRACTICE.

WAIVER

JUSTIFICATION

3. NAME AND MISSOURI CERTIFICATION NUMBER OF AIR SAMPLING PROFESSIONAL PERFORMING CLEARANCE AIR MONITORING FOR THIS PROJECT

Jay Hurst

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

4. NAME AND CERTIFICATION NUMBER OF INSPECTOR AND DATE OF INSPECTION

Inspection to be completed prior to abatement.

5. NAME AND MISSOURI CERTIFICATION NUMBER OF MANAGEMENT PLANNER

6. NAME AND MISSOURI CERTIFICATION NUMBER OF PROJECT DESIGNER

# PART C PROJECT DESCRIPTION

1. COUNTY WHERE PROJECT IS TO BE PERFORMED Jackson		2. PROJECT NAME Former YMCA	
3. NAME AND MISSOURI CERTIFICATION NUMBER OF CONTRACTOR'S ON-SITE SUPERVISOR Jay Quick 7011083104MOSR9809		4. PROJECT SITE TELEPHONE NUMBER 935-8543	
5. PROJECT SITE ADDRESS (PHYSICAL LOCATION) 18th and Paseo		CITY Kansas City	STATE MO
6. OWNER NAME Negro League Baseball Museum		OWNER CONTACT PERSON Dan Jensen	TELEPHONE NUMBER (816) 936-8505
OWNER ADDRESS 1616 E. 18th Street		CITY Kansas City	STATE MO
			ZIP CODE 65108
7. PROJECT TYPE <input type="checkbox"/> DEMOLITION <input checked="" type="checkbox"/> RENOVATION <input type="checkbox"/> OPERATIONS AND MAINTAINANCE <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> ENCLOSURE <input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> DISMANTLING <input type="checkbox"/> ENCAPSULATION			
8. DESCRIBE PROCEDURE USED FOR DETECTION OF REGULATED ASBESTOS CONTAINING MATERIAL INCLUDING ANALYTICAL METHOD EMPLOYED IF APPROPRIATE Assumed			
9. DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATERIALS TO BE DISTURBED. (REPORT ONLY DEBRIS IN CUBIC FEET)			
MATERIAL Pipe Insulation. Mudded joint fittings	SQUARE FEET	LINEAR FEET	CUBIC FEET
		801	
MATERIAL Tank Insulation	SQUARE FEET	LINEAR FEET	CUBIC FEET
	275		
MATERIAL Boiler Insulation	SQUARE FEET	LINEAR FEET	CUBIC FEET
	180		
MATERIAL Flue Mud	SQUARE FEET	LINEAR FEET	CUBIC FEET
	5		
TOTAL FRIABLE ACM		SQUARE FEET	LINEAR FEET
		460	801
NOTE If project is NESHAPS size, attach laboratory sample analysis for all friable asbestos material to be disturbed. Per Chapter 8, Section 8-9 (c)(3) a 5, OSHA Material Safety Data Sheet, OMB #1218-0072, may be substituted if it lists percent asbestos content.			
10. QUANTITY OF MATERIAL THAT WILL BE ABOVE 150° F WHEN DISTURBED. A WAIVER MUST BE REQUESTED AND WORK PRACTICES SUBMITTED FOR WORK OF THIS NATURE.			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
11. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS MATERIALS TO BE DISTURBED			
MATERIAL Window Caulking, fire doors	SQUARE FEET	LINEAR FEET	CUBIC FEET
		1694	10/each
MATERIAL Roof Flashing	SQUARE FEET	LINEAR FEET	CUBIC FEET
	1200		
MATERIAL VAT, Mastic	SQUARE FEET	LINEAR FEET	CUBIC FEET
	17,574		
NOTE If chemical mastic removers are to be used to remove floor covering mastics, attach Material Safety Data Sheet for the remover to be used.			
12a. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING, PLANNED DEMOLITION/RENOVATION, AND METHODS TO BE USED.			
The tank insulation, boiler insulation, and flue mud and some of the pipe insulation is located in the mechanical room. The remaining materials are spread throughout the building. The building will be renovated at the completion of the abatement activities.			



# **PART C PROJECT DESCRIPTION (CONTINUED)**

12b. DESCRIBE WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSION OF ASBESTOS

The materials located in the mechanical room will be removed utilizing gross removal procedures. The remaining pipe insulation will be removed using glovebag and/or cut and wrap methods. The non-friable material will be removed utilizing wet manual methods.

12c. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECTED RACM IS DISCOVERED

All work will stop. The owner and KCAQ will be immediately notified.

13. APPROXIMATE AGE OF STRUCTURE

91 years

14. PRESENT USE OF STRUCTURE

Vacant

15. FORMER USE OF STRUCTURE IF KNOWN

YMCA

## **PART D PROJECT SCHEDULE**

No phase of the project may begin during the twenty-day notification review period without explicit waiver from the department.

1. Site Preparation Phase

START DATE

8/31/05

COMPLETE DATE

9/2/05

TIME

2. Asbestos Abatement Phase

8/31/05

9/16/05

3. Enclosure Tear-down Phase

as needed

4. Daily Work Schedule

START TIME

7:00

QUIT TIME

3:30

LUNCH BREAK

11:30-12:30

## **PART E DISPOSAL**

1. NAME OF WASTE HAULER IF OTHER THAN ASBESTOS CONTRACTOR

BFI

ADDRESS

3150 N. 7th St.

CITY

Kansas City

STATE

KS

ZIP CODE

66115

2. NAME OF DISPOSAL SITE

Forest View Landfill

ADDRESS

4800 Kaw Dr.

CITY

Kansas City

STATE

KS

ZIP CODE

66102

TELEPHONE NUMBER

(913) 287-2711

**PART F SUPPLEMENTAL INFORMATION (COPY THIS PAGE IF EXTRA SPACE IS NEEDED)**

PROJECT SITE

NOTIFICATION DATE

PART NUMBER

ITEM NUMBER

## *Permits*

---

CITY OF FOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

## Health Department

### Environmental Health Services

#### Air Quality Program

2400 Troost Avenue, Suite 3000  
Kansas City, Missouri 64108

(816) 513-6314  
Fax: (816) 513-6290

---

--- A S B E S T O S      D E M O L I T I O N or R E N O V A T I O N      P E R M I T ---

---

Kingston Environmental

Is permitted to remove and dispose of materials containing asbestos from the location  
and in the amounts which are listed below:

Former YMCA

18th and Paseo    460 sq. ft.    801 ln. ft.

Permit Number: 05/06-ASB-80

Project Start Date ..... August 31, 2005

Planned Project Completion Date ..... September 16, 2005

The Air Quality Program MUST BE NOTIFIED IN WRITING if  
the completion date is delayed.

This Operating Permit is subject to the terms and conditions of the AIR  
QUALITY CONTROL CODE.

Bert Malone, M.P.A.  
Environmental Health Services Manager

August 15, 2005

---

--- A S B E S T O S      D E M O L I T I O N or R E N O V A T I O N      P E R M I T ---

---

Missouri Registration Number 02-06-0230

CITY OF FOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

## Health Department

### Environmental Health Services

#### Air Quality Program

2400 Troost Avenue, Suite 3000  
Kansas City, Missouri 64108

(816) 513-6314  
Fax: (816) 513-6290

August 15, 2005

Edward T. Cason, Jr.  
Kingston Environmental  
15450 Hanger Road  
Kansas City, MO 64147

Dear Permittee:

Enclosed is the permit for which you applied. Your notification was used to describe the project as follows:

Former YMCA

18th and Paseo 460 sq. ft. 801 ln. ft.

Your permit number is ----- 05/06-ASB-80 -----

This letter also informs you that upon completion of this asbestos project, the person shall, within 60 days, provide separate written documentation demonstrating completion of the WORK DONE ON THIS PERMIT. The person shall attest in that notice that all employees were trained as required by the regulation and that all asbestos control measures required in the notification were employed. Final air clearances results and an attest statement from the laboratory performing the analysis must be included. If the scope of the project is over 160 square feet or 260 linear feet, these samples must be from a third party. Signed and dated receipt(s) of proper asbestos disposal must be attached.

Your notification showed a completion date of 9/16/2005. You will be in violation if the Post-Notification documentation is not supplied to this office (or postmarked) sixty days later.

Please include the PERMIT NUMBER (shown above) in individual correspondence for each permit to this office to assure proper identification. If you have any questions, you should contact Mr. David Marshall, Mr. Michael Swoyer or Ms. Lori Snyder (before 9 a.m.) at this office.

Sincerely,

David C. Marshall, M.S.  
Enforcement Supervisor  
Air Quality Program

Enclosures

## *Amendments*

---

CITY OF MOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI  
AIR QUALITY PROGRAM

2400 TROOST, SUITE 3000  
KANSAS CITY, MISSOURI 64108  
Office: (816) 513-6314  
Fax: (816) 513-6290

FOR OFFICE USE ONLY

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8 Section 8-9 (3)2.  
(Please Type information)

PART A CONTRACTOR INFORMATION

1. ASBESTOS ABATEMENT CONTRACTOR NAME

Kingston Environmental Services, Inc.

2. CONTRACTOR STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

15450 Hangar Rd.

Kansas City

MO

64147

816/524-8811

3. MISSOURI REGISTRATION NUMBER

REGISTRATION EXPIRATION DATE

CONTACT PERSON

06-06-0230

6/30/05

Charles West

PART B PROJECT INFORMATION

1. PROJECT SITE NAME

Former YMCA

2. PROJECT SITE ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

18th and Paseo

Kansas City

MO

816-935-8543

3. PROJECT ID: NUMBER ASSIGNED BY AIR QUALITY PROGRAM

05/06-ASB-80

PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

PROJECT INFORMATION AS NOTIFIED

AMENDED TO

Project Start Date: 8/31/05

Project on Hold

PART D SUPPLEMENTAL INFORMATION (AS NEEDED)

PART E AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE

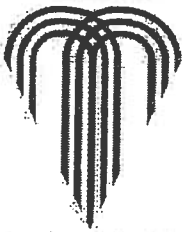
DATE  
8/30/05

PRINTED NAME

Michael Massey

TITLE

Director of Abatement and Consulting

KANSAS CITY  
MISSOURIHEALTH DEPARTMENT OF KANSAS CITY, MISSOURI  
AIR QUALITY PROGRAM2400 TROOST, SUITE 3000  
KANSAS CITY, MISSOURI 64108  
Office: (816) 513-8314  
Fax: (816) 513-6290

FOR OFFICE USE ONLY

## ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8-Section 8-9 (3)2.  
(Please Type Information)

## PART A CONTRACTOR INFORMATION

## 1. ASBESTOS ABATEMENT CONTRACTOR NAME

Kingston Environmental Services, Inc.

## 2. CONTRACTOR STREET ADDRESS

15450 Hangar Rd.

CITY

Kansas City

STATE

MO

ZIP CODE

64147

TELEPHONE NUMBER

816/ 524-8811

## 3. MISSOURI REGISTRATION NUMBER

06-06-0230

## REGISTRATION EXPIRATION DATE

6/30/05

## CONTACT PERSON

Charles West

## PART B PROJECT INFORMATION

## 1. PROJECT SITE NAME

Former YMCA

## 2. PROJECT SITE ADDRESS

18th and Paseo

CITY

Kansas City

STATE

MO

ZIP CODE

TELEPHONE NUMBER

816-935-8543

## 3. PROJECT I.D. NUMBER ASSIGNED BY AIR QUALITY PROGRAM

05/06-ASB-80

## PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

## PROJECT INFORMATION AS NOTIFIED

Project on hold

## AMENDED TO

Project start date: 9/12/05

## PART D SUPPLEMENTAL INFORMATION (AS NEEDED)

## PART E AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE

PRINTED NAME

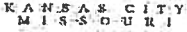
Guy Gingrich

DATE  
9/9/05

TITLE

Senior Project Manager

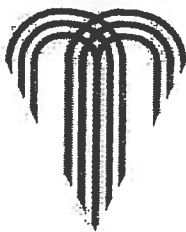




2400 TROOST, SUITE 3000  
KANSAS CITY, MISSOURI 64108  
Office: (816) 513-6314  
Fax: (816) 513-6290

This form must comply with Chapter 8-Section 8-9 (3)2.  
(Please Type Information):

CITY OF FOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI

AIR QUALITY PROGRAM

2400 TROOST, SUITE 3000

KANSAS CITY, MISSOURI 64108

Office: (816) 513-6314

Fax: (816) 513-6290

FOR OFFICE USE ONLY

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8 Section 8-9 (3)2.

(Please Type information)

PART A CONTRACTOR INFORMATION

1. ASBESTOS ABATEMENT CONTRACTOR NAME

Kingston Environmental Services, Inc.

2. CONTRACTOR STREET ADDRESS

15450 Hangar Rd.

CITY

Kansas City

STATE

MO

ZIP CODE

64147

TELEPHONE NUMBER

816/ 524-8811

3. MISSOURI REGISTRATION NUMBER

06-06-0230

REGISTRATION EXPIRATION DATE

6/30/05

CONTACT PERSON

Charles West

PART B PROJECT INFORMATION

1. PROJECT SITE NAME

Former YMCA

2. PROJECT SITE ADDRESS

18th and Paseo

CITY

Kansas City

STATE

MO

ZIP CODE

TELEPHONE NUMBER

816-935-8529

3. PROJECT I.D. NUMBER ASSIGNED BY AIR QUALITY PROGRAM

05/06-ASB-80

PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

PROJECT INFORMATION AS NOTIFIED

AMENDED TO

Project on Hold

Project Start Date: 9/29/05 afternoon

PART D SUPPLEMENTAL INFORMATION (AS NEEDED)

PART E AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE

DATE  
9/29/05

PRINTED NAME

Guy Gingrich

TITLE

Senior Project Manager

KANSAS CITY  
MISSOURIHEALTH DEPARTMENT OF KANSAS CITY, MISSOURI  
AIR QUALITY PROGRAM2400 TROOST, SUITE 3000  
KANSAS CITY, MISSOURI 64108  
Office: (816) 513-6314  
Fax: (816) 513-6290

FOR OFFICE USE ONLY

## ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8-Section 8-9 (3)2.  
(Please Type Information)

## PART A CONTRACTOR INFORMATION

1. ASBESTOS ABATEMENT CONTRACTOR NAME

Kingston Environmental Services, Inc.

2. CONTRACTOR'S STREET ADDRESS

15450 Hangar Rd.

CITY

Kansas City

STATE

MO

ZIP CODE

64147

TELEPHONE NUMBER

816/524-8811

3. MISSOURI REGISTRATION NUMBER

06-06-0230

REGISTRATION EXPIRATION DATE

6/30/05

CONTACT PERSON

Charles West

## PART B PROJECT INFORMATION

1. PROJECT SITE NAME

Former YMCA

2. PROJECT SITE ADDRESS

18th and Paseo

CITY

Kansas City

STATE

MO

ZIP CODE

TELEPHONE NUMBER

816-935-8529

3. PROJECT ID. NUMBER ASSIGNED BY AIR QUALITY PROGRAM

05/06-ASB-80

## PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

PROJECT INFORMATION AS NOTIFIED

AMENDED TO

Please add Oscar Sevilla MO Cert # 7028112404MOSR10574

As a supervisor on this job.

## PART D SUPPLEMENTAL INFORMATION (AS NEEDED)

## PART E AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE

DATE  
10/7/05

PRINTED NAME

Michael Massey

TITLE

Director of Abatement and Consulting

CITY OF MOUNTAINS  
HEART OF THE NATION



KANSAS CITY  
MISSOURI

**HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI  
AIR QUALITY PROGRAM**

2400 TROOST, SUITE 3000  
KANSAS CITY, MISSOURI 64108  
Office: (816) 513-6314  
Fax: (816) 513-6290

FOR OFFICE USE ONLY

**ASBESTOS NOTIFICATION AMENDMENT**

This form must comply with Chapter 8 Section 8-9 (3)2.  
(Please Type information)

**PART A CONTRACTOR INFORMATION**

**1. ASBESTOS ABATEMENT CONTRACTOR NAME**

Kingston Environmental Services, Inc.

**2. CONTRACTOR STREET ADDRESS**

15450 Hangar Rd.

CITY

Kansas City

STATE

MO

ZIP CODE

64147

TELEPHONE NUMBER

816/ 524-8811

**3. MISSOURI REGISTRATION NUMBER**

06-06-0230

REGISTRATION EXPIRATION DATE

6/30/05

CONTACT PERSON

Charles West

**PART B PROJECT INFORMATION**

**1. PROJECT SITE NAME**

Former YMCA

**2. PROJECT SITE ADDRESS**

18th and Paseo

CITY

Kansas City

STATE

MO

ZIP CODE

TELEPHONE NUMBER

816-935-8543

**3. PROJECT ID. NUMBER ASSIGNED BY AIR QUALITY PROGRAM**

05/06-ASB-80

**PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)**

PROJECT INFORMATION AS NOTIFIED

AMENDED TO

Job is on hold as of 10/21/05

**PART D SUPPLEMENTAL INFORMATION (AS NEEDED)**

**PART E AUTHENTICATION**

SIGNATURE OF COMPANY REPRESENTATIVE

PRINTED NAME

Michael Massey

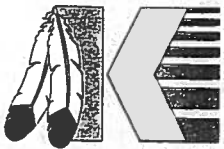
DATE  
10/20/05

TITLE

Director of Abatement and Consulting

## *Post Notification*

---



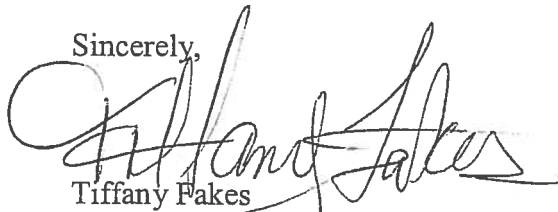
**KINGSTON  
ENVIRONMENTAL**  
S E R V I C E S

15450 Hangar Road  
Kansas City, MO 64147  
(816) 524-8811  
(800) 249-8811  
FAX (816) 525-5027  
[www.kingstonenv.com](http://www.kingstonenv.com)

October 21, 2005

Due to the status of the job being on hold and incomplete, a post notification has not been filed with Kansas City Air Quality. Once the work is complete the proper paper work will be sent to Kansas City Air Quality to closeout the project.

Sincerely,



Tiffany Fakes  
Environmental Support Specialist

## *Clearance Results*

---

056301

AA-AIRTECH Inc.  
P.O. BOX 7023  
LEE'S SUMMIT, MO 64086  
816-554-9391 Off / 816-554-3920 Fax

Sample Cassette Info - Zefon

Sample Lot #

Sample Media - PCM 0.8 MCE

Sample Date: October 13, 2005

Client Name : Negro League Museum

Project Location: 18th and Paseo  
Kansas City, MO YMCA Bldg

Client Contact : Charles West

Abatement Contractor : KES

Airtech surveyor : James Boland

Project #: 101305-

Air Monitoring Data

Sample # Type	Sample Identification	Pump #	LPM		Time		Fiber Count	# of Fields	Fibers/cc	
			before	after	start	total min				
					stop	volume				
1BG	Background Sample	HV-11					VOID	N/A	N/A	
	Prior to Abatement - Basement Level		10.15		8:55 AM	155				
	Near Stairwell		10.15		11:30 AM	1573				
2P	OSHA Sample - Excursion	P-3					46	100	0.3471	
	Manuael Castro - Basement		2.09		8:55 AM	31				
	Level - Precleaning - Dismantling		2.09		9:26 AM	65				
3P	OSHA Sample - Excursion	P-3					4	100	Below D.L.	
	Manuael Castro - Basement		2.09		9:26 AM	299				
	Level - Precleaning - Dismantling		2.00		2:25 PM	625				
4A	Area Sample	HV-11					13	100	0.0027	
	During Abatement		10.15		11:30 AM	230				
	During Glovebag Cut and Wrap Dismantling of ACM Pipe Insulation		10.15		3:20 PM	2335				
5B	BLANK						0	100	N/A	
6B	BLANK						0	100	N/A	

Abbreviations

DL = Detection

Limit

Pr = personnel

A = Area

CL = Clearance

EX = Excursion

BG = Background

TEM = Transmission  
Electron  
Microscopy

BL = Blank

FB = Field Blank

LB = Lab Blank

HV = High volume

LPM = Liters  
Per  
Minute

F/CC = Fiber  
Per  
Cubic  
centimeter

Chain of custody

Sent by: James Boland

Laboratory Recipient: Quantem Laboratories

COMMENTS: Date Sent: 10-13-05

Date Received: \_\_\_\_\_

AA-AIRTECH Inc.



AA-AIRTECH Inc.  
P.O. BOX 7023  
LEE'S SUMMIT, MO 64086  
816-554-9391 Off / 816-554-3920 Fax

Sample Cassette Info - Zefon

Sample Lot #

Sample Media - PCM 0.8 MCE

Sample Date: October 18, 2005		Client Name :Negro League Museum				<u>Abbreviations</u> DL = Detection Limit Pr = personnel A = Area CL = Clearance EX = Excursion BG = Background TEM = Transmission Electron Microscopy BL = Blank FB = Field Blank LB = Lab Blank HV = High volume LPM = Liters Per Minute F/CC = Fiber Per Cubic centimeter		
Project Location:18th and Paseo Kansas City, MO YMCA Bldg		Client Contact : Charles West						
Abatement Contractor :KES		Airtech surveyor :James Boland		Project #: 101305-53				
Air Monitoring Data								
Sample # Type	Sample Identification	Pump #	LPM before after	Time start stop	total mlh. volume			
1CL	Inside Basement - Gross Removal	HV-2	10.0	9:18 AM	126	13	100	0.0051
	Containment - After Removal of ACM		10.0	11:24 AM	1260			
	Boiler Tank and Pipe Insulation							
2CL	Inside Basement - Gross Removal	HV-4	10.1	9:18 AM	126	8	100	0.0031
	Containment - After Removal of ACM		10.1	11:24 AM	1272			
	Boiler Tank and Pipe Insulation							
3CL	Inside Basement - Gross Removal	HV-3	10.0	9:18 AM	126	9	100	0.0035
	Containment - After Removal of ACM		10.0	11:24 AM	1260			
	Boiler Tank and Pipe Insulation							
4CL	Inside Basement - Gross Removal	HV-6	10.1	9:18 AM	126	10	100	0.0039
	Containment - After Removal of ACM		10.1	11:24 AM	1272			
	Boiler Tank and Pipe Insulation							
5CL	Inside Basement - Gross Removal	HV-7	10.1	9:18 AM	126	10	100	0.0039
	Containment - After Removal of ACM		10.1	11:24 AM	1272			
	Boiler Tank and Pipe Insulation							
6B	Blank					0	100	N/A
7B	Blank					0	100	N/A

Chain of custody Sent by: James Boland

Laboratory Recipient: Quantem Laboratories

COMMENTS: Date Sent: 10-18-05  
Visual Inspection Good - OK Good Enapsulation

Date Received:101905

*Supervisor License(s)*

---

Expiration Date : 8/29/2006

Certificate Number : 7028082905MOSR9809

Approval Date: 8/29/2005

Social Security Number: 486-94-8662

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Jerold Lee Quick**

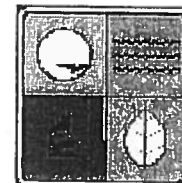
has successfully completed the requirements for certification as a **SUPERVISOR**.  
This Missouri State Certification is subject to review and the director may deny,  
suspend or revoke the certification per RSMo chapter 643.230.

8/29/2005

Date

*Shannon Juppette Mosby*

Director of Air Pollution Control Program



Expiration Date : 11/23/2006

Certificate Number : 7028112305MOSR10574

Approval Date: 11/23/2005

Social Security Number:

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

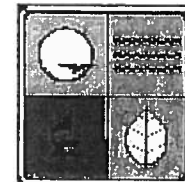
**Oscar I. Sevilla**

has successfully completed the requirements for certification as a **SUPERVISOR**.  
This Missouri State Certification is subject to review and the director may deny,  
suspend or revoke the certification per RSMo chapter 643.230.

11/23/2005

Date

  
Interim Director of Air Pollution Control Program



Expiration Date : 2/17/2007

Certificate Number : 7011021706MOSR7869

Approval Date: 2/17/2006

Social Security Number:

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

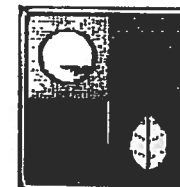
**Lanu S. Atatai**

has successfully completed the requirements for certification as a **SUPERVISOR**.  
This Missouri State Certification is subject to review and the director may deny,  
suspend or revoke the certification per RSMo chapter 643.230.

2/17/2006

Date

  
Interim Director of Air Pollution Control Program



# *Waste Manifest*

---





0212517

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

3. Generator's Name and Mailing Address

PASEO QMCA  
14th PASEO  
KCMO

4. Generator's Phone (816) 524-4811

04-1125

5. Transporter 1 Company Name

BFI

6. US EPA ID Number

A. Transporter's Phone

913-279-6015

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

FORESTVIEW

10. US EPA ID Number

C. Facility's Phone

913-287-7711

11. Waste Shipping Name and Description

12. Containers

No Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

a.

Asbestos, RQ9, NAZZIZ, PC, TIT

1... 40X0

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes

15. Special Handling Instructions and Additional Information

DONOT DRUP  
COVER w/ SOIL

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed / Typed Name

BOY DICK

Signature

Month Day Year

10 02 05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed / Typed Name

BILLY REYNOLDS

Signature

Month Day Year

10 11 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed / Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed / Typed Name

Fred Young

Signature

Month Day Year

1 11 05

ORIGINAL-RETURN TO G

Form # 121

GENERATOR

TRANSPORTER

FACILITY



0187490

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of
3. Generator's Name and Mailing Address FOUR PASSEO YMCA 1844 PASSEO KCMO				
4. Generator's Phone 816 1524-6811		04-1125		
5. Transporter 1 Company Name BFZ	6. US EPA ID Number	A. Transporter's Phone 913-279-605		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address FOUR PASSEO	10. US EPA ID Number	C. Facility's Phone 913-287-2711		
11. Waste Shipping Name and Description		12. Containers No Type	13. Total Quantity	14. Unit Wt/Vol
a. ASBESTOS, R69, NAZZIZ, PG III		1 40yd		
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information DO NOT DRAG COVER W/ SOIL				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Haz				
Printed / Typed Name Joe Quick		Signature [Signature] M D Y 1 1 5		
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed / Typed Name Jeff Simmons		Signature [Signature] M D Y 1 1 9 0 5		
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed / Typed Name		Signature M D Y		
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed / Typed Name Mike Smith		Signature [Signature] Month D Y 10 1 0		

GENERATOR

TRANSPORTER

FACILITY



Please print or type  
(Form designed for use on elite (12-pitch typewriter))



#05B501

0184492

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

3. Generator's Name and Mailing Address

Kingston Environmental  
15450 Hanger Rd. KCMO

YMCA  
18th and Paseo  
Kc.

04 - 1125

4. Generator's Phone (816) 524-8811

5. Transporter 1 Company Name

BFI

6. US EPA ID Number

A. Transporter's Phone

913) 279-6015

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

Forest View

10. US EPA ID Number

C. Facility's Phone

913) 287-2711

11. Waste Shipping Name and Description

a. Asbestos Class 9, RA, NA 2212, PG III

12. Containers  
No Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

1. 40  
yd

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Do not cover with soil

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed / Typed Name

Laura Ataton

Signature

[Signature]

Month Day Year

10 24 05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed / Typed Name

Jeff Simmons

Signature

[Signature]

Month Day Year

10 25 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed / Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed / Typed Name

Mike Smith

Signature

[Signature]

Month Day Year

11 5 05

ORIGINAL-RETURN TO GENERATOR

F #12

GENERATOR

TRANSPORTER

FACILITY

